AFFIDAVIT ON APPLICATION FOR VOTER REGISTRATION						
County of Maui	IMPORTANT: PRINT CLEARLY IN BLACK INK. FAILURE TO COMPLETE ALL ITEMS WILL PREVENT ACCEPTANCE OF THIS APPLICATION.			AFFIDAVIT NO.		
City and County of Honolulu			(F	(FOR OFFICE USE ONLY)		
I HEREBY SWEAR (OR AFFIRM) THAT THE FOLLOWING INFORMATION IS TRUE AND CORRECT: 1. SOCIAL SECURITY NUMBER* 2. DATE OF BIRTH 3. TELEPHONE						
	!!	Home:		Business:		
4. LAST NAME	FIRST NAME				Middle Initial(s)	
5. RESIDENCE ADDRESS IN HAWAII (Must be completed. P.O. Box, R.R., S.R. are not acceptable)				CITY/TOWN ZIP CODE		
6. MAILING ADDRESS IN HAWAII (Street address or P.O. Box)				WN	ZIP CODE	
7. If no street/residence address, describe location of residence (Leave blank if box #5 is completed)			CITY/TO	TY/TOWN ZIP CODE		
Female If "yes", please comp (Last I	Female If "yes", please complete the following: I was last registered to vote at; in the county of (County) (State) (Zip Code)					
Read carefully, mark appropriate "Yes" and "No" box, and sign below.						
I hereby swear (or affirm) that:						
10. FOR FEDERAL, STATE, and COUNTY ELECTIONS:						
a. I am a citizen of the United States of America (Non-U.S. citizens including U.S. nationals do not qualify).						
b. I am at least 16 years of age. I understand that I must be 18 years old by election day to vote. 🔲 Yes 🔲 No						
c. I am a resident of the State of Hawaii. The residence stated in this affidavit is not simply because of my presence in the State, but that the residence was acquired with the intent to make Hawaii my legal residence with all the accompanying obligations therein						
Signature						
Date						
11. Witness Signature (required only if applicant makes a mark only)				Date		
Address of Witness				Phone No. of Witness		
WARNING: ANY PERSON WHO KNOWINGLY FURNISHES FALSE INFORMATION MAY BE GUILTY OF A CLASS C FELONY, PUNISHABLE BY UP TO 5 YEARS IMPRISONMENT AND/OR \$10,000 FINE.						
* Notice: Section 11-15 of the Hawaii Revised Statutes requires that a person registering to vote provide, under oath, his or her social security number, if any. An application lacking this information will, therefore, be denied. Pursuant to Section 7 of the Federal Privacy Act (P.L. 93-579), be advised that this information may be released to government agencies for government purposes.						
12. I.D. No.	For Office Use O 13. Location Code	nly	14. Represent	tative District/Pre	ecinct	
<u>E 0 9 6</u>						